August 5, 1990

Credentials Committee
Medical Staff Affairs Office
Box 0208, M-181
San Francisco, CA 94143

Gentlemen:

I am writing this letter regarding privileging in electroconvulsive therapy, at the request and on behalf of Professor REESE T. JONES, Professor of Psychiatry at the Langley Porter Psychiatric Institute and the University of California at San Francisco. I have known Reese since the late 1960s when we were both interested in research into cannabis. His electrophysiologic studies paralleled my own, and we met frequently at national and international meetings, and national committees of NIMH and NIDA, to talk about our work. Reese is a sophisticated and experienced clinician, clinical pharmacologist, electrophysiologist, and researcher.

My interest in ECT goes back to 1952. NIMH supported studies of ECT at Hillside Hospital and the New York Medical College led to numerous publications in ECT; organizing a conference and publishing a book on the Psychobiology of Convulsive Therapy (1974); a text Convulsive Therapy: Theory and Practice (1979); and chief editorship of the quarterly journal CONVULSIVE THERAPY since 1985. I was a member of the 1975-1978 APA Task Force on ECT, edited many of the chapters of the 1978 report; and again, a member of the latest APA Task Force which just published The Practice of ECT: Recommendations for Treatment, Training and Privileging (1990). Since 1988, we at Stony Brook have developed a 'hand-on' training course in ECT for practitioners, one of only two in the nation.

For the past five years, I have been director of the ECT Service at Stony Brook, with full responsibility for privileging the professional staff in ECT. (Fritz Henn, M.D., Ph.D., the Department chairman, is among those privileged in ECT during the past few years.)

Sometime in 1989 Reese called to ask if he could come to Stony Brook for training in ECT, as he was asked to re-establish a program in ECT at the Langley Porter Institute. I agreed. In December, 1989 we met at the ACNP meetings, reviewed his knowledge and experience, and based on that information I laid out a 3-day program at Stony Brook which would meet the new guidelines of the APA Task Force report. He invited me to San Francisco to meet the staff, visit the facilities, and lecture on ECT. I did so on April 3-4, 1990. I was impressed with the staff interest in ECT, met with the residents and made ward rounds, finding three patients for whom ECT was clearly a legitimate option in treatment. One was presented in a staff conference.

Reese joined me at Stony Brook for three full days of teaching, on May 2, 3, and 4. I arranged for patients to be treated each of those days. His schedule included 'hands-on' treatment of 12 patients, some with unilateral and some with bilateral placement; monitoring of seizure duration by cuff, heart rate, and EEG; monitoring of ECG, blood oxygen, blood pressure, and heart rate; and the determination of the degree of motor paralysis using a muscle stimulator. We also demonstrated the seizure enhancing properties of caffeine; inductions with and without glycopyrollate; anesthesia with methohexital and etomidate; modification of blood pressure using trimethaphan; and blocking of a prolonged seizure using diazepam. We discussed, for each case, the basis for the selection of energy, electrode placement, frequency of treatment, and number of treatments. For our out-patients, we reviewed the process of continuation and maintenance treatments, using drugs and/or ECT. We also discussed the role and merits of concomitant psychoactive drug use.

In addition, Reese made rounds each morning, interviewing each patient on my service (about 15). We discussed the indications for ECT, how we develop a risk/benefit analysis for each case to determine the suitability of ECT. We reviewed the pre-treatment work-up including laboratory tests and the aims of consultations with medicine, anesthesiology, and dentistry.

In the afternoons, Reese was in didactic sessions with my associates and myself. He worked with our ECT nurse, Mrs. Irene Carasiti, and participated in the discussions and videotape session which makes up our informed consent process.I gave him a pre-print copy of the 1990 APA Task Force report; we discussed the changes from the 1978 report; reviewed the main items of patient selection, determination of risks and tactics to minimize risk; and the thorny problems of training and privileging.

In didactic sessions, we reviewed issues of consent, mechanisms of action of ECT, electrophysiology and cardiovascular physiology, and anesthetic considerations.

At the time Reese left, we were both exhausted. I was delighted with his knowledge and understanding. We had covered and met all the guidelines of the new APA recommendations.

I am pleased to recommend Reese Jones for privileges in ECT; with endorsement for routine treatments as well as the treatment of high-risk, medically ill patients.

Sincerelyn yours,

Max Fink, M.D.
Professor of Psychiatry
Attending Psychiatrist,
University Hospital